



Montana Application for Class 1 Educator Licensure

Requirements for Montana Class 1 Educator Licensure	
1.	Completion of an educator preparation program which is accredited by NCATE, CAEP, or is a state approved program from a regionally accredited college or university. ARM 10.57.412
2.	Completion of student teaching or a supervised teaching experience through an educator preparation program. ARM 10.57.412
3.	Completion and verification of a master's degree in education or an endorsable area, OR, certification by the National Board for Professional Teaching Standards ARM 10.57.411
4.	Three years teaching experience as a licensed teacher in a state accredited Pre K -12 or K-12 school setting. ARM 10.57.411
5.	Verification of Praxis II test scores meeting Montana Standards for your endorsement area. For more information see our website at http://www.opi.mt.gov/cert/Materials/class1Professional.html .
Important Considerations: <ul style="list-style-type: none"> • Montana DOES NOT have reciprocity with any other state in regards to educator licensure. Therefore even though you may have been a licensed educator in another state, if you do not meet the all of requirements above, you will not qualify for Class 1 Educator licensure in Montana. • If you completed an alternative educator preparation program in another state, your program may not meet the requirements for licensure in Montana and therefore you may not qualify for Class 1 educator licensure. Your educator preparation program's accreditation status must be verified on a University Recommendation form and submitted for review. • For questions regarding these considerations please call us at 406-444-3150 	
Montana Educator Licensure Application Checklist	
	Complete
I have completed all sections of the application and indicated the endorsement/endorsements I am applying for.	
I have enclosed a check or money order payable to Montana OPI for \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license, \$66 if applying for two licenses. Example: Class 1 and Class 3 both)	
I have enclosed an official transcript or requested official transcripts be sent to the Montana OPI from all institutions I have attended.	
I have signed and dated the bottom of the Character and Fitness Information page. (page 4)	
I have recited the oath in the presence of a licensed notary and signed the notary page. (page 5)	
I have submitted a fingerprint background check to be processed by the Montana Department of Justice. DO NOT SEND THE FINGERPRINT CARD TO THE OFFICE OF PUBLIC INSTRUCTION	
I have included a copy of my valid out of state teaching license. (If applicable)	
I have included a copy of my Praxis II test results.	
I have completed the top section of the Verification of Teaching Experience Form (attachment 1) and sent it to my employers. I am submitting this form with my application.	
I have completed the top sections of the University Recommendation form (attachment 2) and sent it to the institution where I completed my educator preparation program. I am submitting this form with my application	
<div> <div> Important: Applications will NOT be processed until all required documentation/information has been received. It is your responsibility to check with our office to ensure that all materials have been received. You can review your application at https://apps3.opi.mt.gov/SSO/Login/Login.aspx </div> <div> All documents must be mailed to: Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620 </div> </div>	



Class 1 Professional Educator License Application

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at www.opi.mt.gov/cert.

Last Name		First Name		Middle Initial	
Street Address			Apartment/Unit #		
City	State	Zip Code	Former Name(s)		
Phone Number		Email Address			
Last Four Digits of Your SSN		Date of birth	Gender	<input type="radio"/> Male <input type="radio"/> Female	
Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White			Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic		
School year initial licensure to be active		July 1, _____			
Have you ever held a Montana Educator License?		<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate under what name.		
Have you ever held an educator license from another state?		<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate what state/states.		

Academic and Education Experience

Class 1 licensure requires that all applicants MUST have completed a master's degree and an educator preparation program that included student teaching.

Original paper or electronic ("escript") transcripts must be submitted for all colleges or universities attended.

Electronic transcripts must be sent from the college or an official transcript clearinghouse.

We will not accept photocopied, electronic, or scanned transcripts directly from the applicant.

College or University	City/State	Degree earned	Major	Minor
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	

Experience as a Professional Educator

Class 1 licensure requires verification of at least 3 years of professional teaching experience as an appropriately licensed and endorsed teacher.

A verification of teaching experience form must be submitted to document work experience.

(See Attachment 1 of this application)

Name of School	City/State	Dates Employed	Assignment	Grade level
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	

Application for Endorsement

Please indicate which endorsement you are applying for. A university recommendation from the educator preparation program you have completed will be required to document your eligibility for each endorsement requested. (See Attachment 2 of this application)

<input type="radio"/> Early Childhood (age 3 to grade 3)	<input type="radio"/> Elementary (Kindergarten to grade 8)	<input type="radio"/> Middle Grades (Grades 4-8)	<input type="radio"/> Special Education (pre K -12)
Secondary Endorsements	<input type="radio"/> Agriculture	<input type="radio"/> Biology	
	<input type="radio"/> Business & Information Technology	<input type="radio"/> Chemistry	
	<input type="radio"/> Communication	<input type="radio"/> Earth Science	
	<input type="radio"/> Economics	<input type="radio"/> English	
	<input type="radio"/> Family & Consumer Sciences	<input type="radio"/> Geography	
	<input type="radio"/> Health	<input type="radio"/> History	
	<input type="radio"/> Industrial Technology Education	<input type="radio"/> Journalism	
	<input type="radio"/> Marketing	<input type="radio"/> Mathematics	
	<input type="radio"/> Physics	<input type="radio"/> Political Science	
	<input type="radio"/> Psychology	<input type="radio"/> Science (broadfield)	
	<input type="radio"/> Sociology	<input type="radio"/> Social Studies (broadfield)	
	<input type="radio"/> World Languages: _____	<input type="radio"/> Theatre	
K-12 Endorsements	<input type="radio"/> Art	<input type="radio"/> Computer Science	
	<input type="radio"/> English as a Second Language	<input type="radio"/> Health Enhancement	
	<input type="radio"/> Library	<input type="radio"/> Music	
	<input type="radio"/> Physical Education	<input type="radio"/> Reading	
	<input type="radio"/> School Counseling	<input type="radio"/> Traffic Education	
	<input type="radio"/> World Languages: _____		

Character and Fitness Information

Last Name	First Name	MI
1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential.		<input type="radio"/> Yes <input type="radio"/> No
State or Jurisdiction	Type of License	Certificate or License Number
2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page.		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation
		<input type="radio"/> Failure to Renew
		<input type="radio"/> Cancellation
3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.		<input type="radio"/> Yes <input type="radio"/> No
4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. *Most arrests and convictions show up on a background check even if purged or dismissed by a court.		<input type="radio"/> Yes <input type="radio"/> No
4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i>		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Deferred Prosecution	<input type="radio"/> Deferred or Suspended Imposition of Sentence	
<input type="radio"/> Stay of Adjudication	<input type="radio"/> First Time Offenders Programs	<input type="radio"/> Other Programs (Please describe)
Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for identity verification in connection with college transcripts and other education records pertaining to your application for teacher licensure.		
Taxpayer ID Number, Social Security Number or Canadian ID		
<i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i>		
Signature:		Date:
Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8)		<input type="radio"/> Yes <input type="radio"/> No



You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths. (MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Declaration

I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge that I have read the Professional Educators of Montana Code of Ethics as provided on the Montana OPI Educator Licensure website.

Name of applicant:			
Date of Birth		Last 4 numbers of SSN	

Signature of Applicant: _____

This above oath was sworn and the document was signed before me on the _____ day
of _____, 20_____

By _____
(Print name of signer)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____
(Date)



Attachment 1:
Verification of Teaching
Experience for Class 1 Educator

<p>This statement MUST be prepared and signed by the appropriate school official. The current appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district if your experience was earned in multiple schools.</p>							
Applicant Information:							
Last Name				First Name		MI	
Address		City		State		Zip Code	
Last Four Digits of SSN				Former Name(s)			
<p>To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please mail this form to the applicant above.</p>							
School Officials Name:							
School District:							
School District City/State							
Was the licensure candidate above employed as a licensed and appropriately assigned <u>TEACHER</u> in your school?				<input type="radio"/> Yes <input type="radio"/> No			
Employed from (month/year)				To (month/year)			
Full time		<input type="radio"/> Yes <input type="radio"/> No	Part time	<input type="radio"/> Yes <input type="radio"/> No	If Yes, FTE Equivalent? (eg .25 for ¼ time)		
Educational Area		<input type="radio"/> Pre K <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Subject Area Taught _____ <input type="radio"/> Secondary (5-12) Subject Area Taught _____ <input type="radio"/> Special Education <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____					
<p>I verify that the work experience information as documented on this form is correct to the best of my knowledge.</p>							
Signature							
Printed Name and Title							
Date		Email Address		Phone Number			



Attachment 2: University Recommendation for Teaching Endorsements

This statement must be prepared and signed by the appropriate official from the college or university where your educator preparation program was completed.									
Candidate Information:									
Last Name				First Name				MI	
Address				City		State		Zip Code	
Last Four Digits of SSN				Birth Date			Former Name(s)		
To be completed by the college or university where the applicant completed his/her educator preparation program. Please complete the information requested below and return form to applicant above									
Name of College/University									
City/State									
Is your institution regionally accredited?				<input type="radio"/> Yes <input type="radio"/> No		Name of regional agency:			
Accreditation of Educator Preparation Program		<input type="radio"/> CAEP		<input type="radio"/> NCATE		<input type="radio"/> State		<input type="radio"/> Other: i.e. Alternative route: Please describe _____	
Educator Preparation Program Completed	<input type="radio"/> Early Childhood (Age 3–Grade 3)		<input type="radio"/> Elementary (K-8)		<input type="radio"/> Middle Grades (4-8)		<input type="radio"/> Special Education (pre K-12)		# of Content Hours in Special Education program
		Approved Subject Area			# of Content hours	Approved Subject Area			# of Content Hours
Secondary Endorsements Administrative Rule of Montana 10.57.412(5) requires 30 semester credits in an approved major and 20 semester credits in an approved minor; or 40 semester credits in an extended major		<input type="radio"/> Agriculture				<input type="radio"/> Biology			
		<input type="radio"/> Business & Information Tech				<input type="radio"/> Chemistry			
		<input type="radio"/> Communication				<input type="radio"/> Earth Science			
		<input type="radio"/> Economics				<input type="radio"/> English			
		<input type="radio"/> Family & Consumer Sciences				<input type="radio"/> Geography			
		<input type="radio"/> Health				<input type="radio"/> History			
		<input type="radio"/> Industrial Technology Ed				<input type="radio"/> Journalism			
		<input type="radio"/> Marketing				<input type="radio"/> Mathematics			
		<input type="radio"/> Physics				<input type="radio"/> Political Science			
		<input type="radio"/> Psychology				<input type="radio"/> Science (broadfield)			
		<input type="radio"/> Sociology				<input type="radio"/> Social Studies (broadfield)			
		<input type="radio"/> Theatre				<input type="radio"/> World Languages: _____			
		Approved Subject Area			# of Content hours	Approved Subject Area			# of Content Hours
K-12 Endorsements		<input type="radio"/> Art				<input type="radio"/> Computer Science			
		<input type="radio"/> English as a Second Language				<input type="radio"/> Health Enhancement			
		<input type="radio"/> Library				<input type="radio"/> Music			
		<input type="radio"/> Physical Education				<input type="radio"/> Reading			
		<input type="radio"/> School Counseling				<input type="radio"/> Traffic Education			
		<input type="radio"/> World Languages: _____							
Supervised Teaching Experience: All applicants for Montana licensure must complete a student teaching or supervised teaching experience. Enter course Number or Name of course									
I attest that the above named candidate completed an accredited teacher education program in those areas to include student teaching or supervised teaching experience. The program completed leads to licensure in the state of _____.									
Signature						Phone Number			
Printed name and title						College Seal			
Date		Email Address							



How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**
3. Complete the following sections as instructed below:

Employer and Address: Montana Office of Public Instruction
Educator Licensure Division
PO Box 202501
Helena, MT 59620-2501

Reason Fingerprinted: Montana Educator Licensure
ARM 10.57.201A

ORI: MT025025Y
DOJ-ST ID BUR
Helena, MT

4. Mail the completed fingerprint cards along with a **Check for \$27.25** payable to the Montana DOJ to:

Montana Department of Justice
PO Box 201403
Helena, MT 59620-1403

DO NOT MAIL YOUR FINGERPRINTS IN WITH YOUR LICENSURE APPLICATION!!! If you do so the card will be returned to you and your application for licensure will be delayed. The fingerprints must be sent to the Department of Justice at the address above

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.